

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ADH1C
Attorney Docket Number::	1522-1003-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES OF AMERICA  
Status:: Full Capacity  
Given Name:: SILVIA  
Middle Name::  
Family Name:: BURVENICH  
City of Residence:: WASHINGTON  
State or Province of Residence:: DISTRICT OF COLUMBIA  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing Address:: 2950 VAN NESS STREET, NW  
APARTMENT NO. 115  
City of Mailing Address:: WASHINGTON  
State or Province of Mailing Address:: DISTRICT OF COLUMBIA  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 20008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ANDREA  
Middle Name::  
Family Name:: CARMINE  
City of Residence:: BROMMA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BYGGMASTARVAGEN 4, 2TR

City of Mailing Address:: BROMMA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-168 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: DAGMAR  
Middle Name::  
Family Name:: GALTER  
City of Residence:: BROMMA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BYGGMASTARVAGEN 32

City of Mailing Address:: BROMMA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-168 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LARS  
Middle Name::  
Family Name:: OLSON  
City of Residence:: LIDINGO  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: ANKARVAGEN 1

City of Mailing Address:: LIDINGO  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-181 43

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity  
 Given Name:: OLOF  
 Middle Name::  
 Family Name:: SYDOW  
 City of Residence:: STOCKHOLM  
 State or Province of Residence::  
 Country of Residence:: SWEDEN  
 Street of Mailing Address:: NORR MALARSTRAND 56, 5 TR

City of Mailing Address:: STOCKHOLM  
 State or Province of Mailing Address::  
 Country of Mailing Address:: SWEDEN  
 Postal or Zip Code of Mailing Address:: SE-112 20

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/462,704	4/15/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::